

**SBRS Option (d) Beneficiary Nomination Form**

*This form allows you to nominate an individual to receive a monthly allowance if you die before you retire. The benefit equals the amount you would have received if you had been retired under Option (c) on your date of death.*

I, \_\_\_\_\_  
(Name) Address)

Soc. Sec. # \_\_\_\_\_, under the provisions of G. L. c.32 §12 (2)(d),

hereby nominate \_\_\_\_\_, my \_\_\_\_\_,  
(Name of Eligible Beneficiary)\* (Relationship to Member)

residing at \_\_\_\_\_  
(Street Address, City, State, Zip)

Soc. Sec. # \_\_\_\_\_ whose birth date is \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Date & attach birth record)

to receive, upon my death, an allowance equal to the Option (c) retirement allowance I would have received if I had retired on my date of death.

- *This form becomes void when I retire.*
- *My choice of Option (d) beneficiary can be superceded if, at my death, I leave a spouse to whom I have been married for over one year.*
- *I can revoke this form at any time before my death or retirement.*
- *By nominating a beneficiary on this form, I understand that NO REFUND of my account will be paid, but that an allowance will be paid instead under option (d)*
- *An eligible beneficiary is a spouse, a former spouse who has not remarried, child, father, mother, sister, or brother of member.*

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

**Witness:** (if signed at Retirement Board)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

**Notary:** (required if signed outside the Retirement Board)

Then personally appeared the above-named \_\_\_\_\_ and acknowledged the foregoing instrument to be his/her free act and deed, before me. My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date